

**Exhibit B**  
**Indiana Education Evaluation Report dated**  
**May 31, 2018**

Gary Community School Corp

**Education Evaluation Report**

Date of Report: 05/31/2018  
Individualized Education Program

**Student:** Kevin Marcus Bardwell**STN:** 471017004**Date of Birth:** 11/05/2012**Age:** 5**Gender:** M**Current Grade:** Pre-School**School:** Mary M Bethune Early Child Dev Ctr (4057)**Evaluation Type:** Reevaluation**Evaluation Start Date:** 04/25/2018**Guardian Information:****Relation:** Mother**Name:** Antoinette Brandy**Business Phone:** 219-201-4571**Home Phone:****Mobile Phone:****Address:** 409 west 20th Place Gary IN 46407**Primary Language:** English**Relation:****Name:****Business Phone:****Home Phone:****Mobile Phone:****Address:****Primary Language:****REASON FOR REFERRAL**

Kevin is a 5 year 6 month old African American male who was referred for a reevaluation to determine continued eligibility of special education services under a different category. Currently, he receives special education services for Developmental Delay and Language Impairment.

An individualized comprehensive educational evaluation was completed to inform special education eligibility and programming decisions. A discussion of the evaluation results and findings are presented below for each of the assessment domains that were addressed.

**BACKGROUND INFORMATION****Social/Developmental History**

Kevin resides with his mother, Antoinette Brandy and his siblings: Christopher Gary/13 yrs, Janiah Taylor /11 yrs, Ja'Alyah Taylor/10 yrs, Kev'Von Bardwell/6 yrs, and Ka'Aliyah Bardwell/3 yrs. Kevin's father visits him at least once a week. English is the primary language spoken in the home.

Ms. Brandy reports that her pregnancy was full term and without complications. Kevin weighed 5 pounds 3 ounces at birth. His mother goes on to report that Kevin sat alone at 3 months, crawled at 6 months, walked alone at 12 months, and is nonverbal.

Kevin's previous evaluation indicated that he experienced a mild hearing loss in his left ear. He has a diagnosis of Autism Spectrum Disorder.

**Medical and Mental Health Information**

Medical Update: 5/21/18: Student tested for autism 9/16/16, child diagnosed with Autism Spectrum disorder. Parent reports child does not talk and had a skin graft to his feet at age 2, reason not reported to nurse. The child has Dr. Iyer as the Pediatrician. At present, there is no vision or hearing screening available. (B. Grey, RN)

**OBSERVATIONS****Observations in the Learning Environment**

Kevin uses a picture schedule to manage his day as well as using pictures to make request/get needs and wants met. He is making choices from pictures. Kevin has mastered following simple 1-step directions, and completes tasks in his independent work area when given verbal and visual cues. He does not require any assistance to remain seated during structured activities and he is participating without adult assistance during songs and finger plays. He is able to identify simple noun pictures from our vocabulary units from a field of 2 pictures. Kevin is beginning to repeat words approximations (ca/cat) and occasionally names pictures without cues.

### Systematic Observations

The ABAS-3 measures adaptive behavior at three different levels. At the highest level is the General Adaptive Composite (GAC), which is composed of all measured skill areas and thus provides an overall estimate of adaptive behavior. Kevin obtained a GAC of 74 (4th percentile) which falls within the Low range. At the next level are the three adaptive domains, each comprising multiple individual skill areas: Conceptual, Social, and Practical. Results of an ABAS-3 administration can help identify a person's strengths and limitations, and allow professionals to plan, implement, and monitor interventions.

The *Conceptual* Composite consists of behaviors needed to communicate with others, apply academic skills, and manage and accomplish tasks. Kevin obtained a standard score of 63 (1st percentile) which falls within the Extremely Low range in this area.

The *Social* Composite consists of behaviors needed to engage in interpersonal interactions, act with social responsibility, and use leisure time. Kevin obtained a standard score of 71 (3rd percentile) which falls within the Low range in this area.

The *Practical* Composite consists of behaviors needed to address personal and health needs; take care of home, classroom/work, and function in a community. Kevin obtained a score of 85 (16th percentile) which falls within the Below Average range in this area.

### **Adaptive Behavior Assessment System, Third Edition (ABAS-3) Teacher/Daycare Provider Rating Ages 0-5**

Subtest / Composite	Standard Score	Scaled Score	Confidence Level	Percentile	Assessment Provider Name
Communication	N/A	3	N/A	N/A	Ericka Wills-Cox
Functional Pre-Academics	N/A	4	N/A	N/A	Ericka Wills-Cox
School Living	N/A	10	N/A	N/A	Ericka Wills-Cox
Health and Safety	N/A	6	N/A	N/A	Ericka Wills-Cox
Leisure	N/A	8	N/A	N/A	Ericka Wills-Cox
Self-Care	N/A	8	N/A	N/A	Ericka Wills-Cox
Self-Direction	N/A	6	N/A	N/A	Ericka Wills-Cox
Social	N/A	1	N/A	N/A	Ericka Wills-Cox
Motor	N/A	9	N/A	N/A	Ericka Wills-Cox
General Adaptive Composite	74	N/A	72-76	4	Ericka Wills-Cox
Conceptual Composite	63	N/A	59-67	1	Ericka Wills-Cox
Social Composite	71	N/A	67-75	3	Ericka Wills-Cox
Practical Composite	85	N/A	81-89	16	Ericka Wills-Cox

### **PRIOR INTERVENTIONS AND PROGRESS**

Kevin is following his picture schedule to manage his day as well as using pictures to make request/get needs and wants met. He has mastered making choices from a field of at least 6-8 pictures. Kevin has mastered following simple 1-step



directions directions, and is able to complete 2 tasks in his independent work area when given verbal and visual cues. He does not require any assistance to remain seated during structured activities and he is participating without adult assistance during songs and finger plays. He is able to identify simple noun pictures from our vocabulary units from a field of 2 pictures. Kevin is beginning to repeat words approximations (ca/cat) and occasionally names pictures without cues.

## EVALUATION FINDINGS

### Academic

Kevin is progressing in academic skills. He can recognize his name in print and identify (pointing/matching) most letters and their corresponding sounds. He is tracing and copying the letters in his name and bubble numbers 1-10 and can recognize some color words. Kevin is working on matching a set quantity to the numbers 1-5 he is starting to get 1-3 but need assistance with higher numbers. Kevin can distinguish big/little and is able to group/sort by color, shape and size (big/little). He completion of tasks improves with an adult model for first few and then is able to complete on his own. Kevin follows classroom routines independently and is improving attention to stories that are read to him..

### Communication

The Receptive One Word Picture Vocabulary Test -4 (ROWPVT-4) and the Expressive One Word Picture Vocabulary Test -4 (EOWPVT-4) was administered to assess Kevin's ability to understand and name vocabulary at the one word level. An average score is between 85 to 115, with a Standard Deviation of 15 points. Results of these test indicate a score more than 3 Standard Deviations below the mean score of 100 points. Kevin attended well and participated during the ROWPVT-4 but was very distracted for the EOWPVT-4 in spite of maximum cues by the therapist. Therefore, results of the EOWPVT-4 may not be an accurate representation of Kevin's true ability to name objects in pictures.

During the evaluation, Kevin was distractable. He needed cues to sit and attend to test items. He produced several word approximations to name pictures.

### **Expressive One-Word Picture Vocabulary Test, 4th Edition (EOWPVT-4)**

05/29/2018

Subtest / Composite	Standard Score	Raw Score	Percentile	Assessment Provider Name
General	<55	2	<1	S. Crabtree-Timmons, SLP

### **Receptive One-Word Picture Vocabulary Test-4th edition (ROWPVT-4)**

### Adaptive Behavior

The Developmental Assessment of Young Children, Second Edition (DAYC-2) was developed to measure the abilities of young children in five areas: cognition, communication, social-emotional, physical development, and adaptive behavior. The DAYC is a comprehensive tool for infants and young children. It assesses the primary developmental domains and provides useful data with respect to developmental status. Average scores are 90-110. The Adaptive Domain measures independent, self-help functioning. Kevin obtained a score of 82/ Below Average (12th percentile).

### **Developmental Assessment of Young Children, 2nd Edition (DAYC-2)**

Subtest / Composite	Standard Score	Confidence Level	Percentile	Descriptive Classification	Assessment Provider Name
Adaptive Behavior	82	79-85	12	Below Average	Ericka Wills-Cox

### Motor Skills

## Occupational Therapy Report May 2018 Deborah Surface OTR

**I. Assessments:**

\_X\_ Classroom Observation \_X\_ Peabody Developmental Motor Scales

\_\_\_ Bruninks-Oseretsky Test of Motor proficiency

**II. General Observation:** Kevin has a tendency to sit with his fingers in his ears whenever there is any noise that he can not control.

**III. Seating:** Kevin sits a regular child's table and chair within the classroom.

**IV. Gross Motor :** Kevin presents with generalized low tone through out his extremities. He walks and sits with good posture generally.

**V. Fine Motor:**

A. Hand Dominance: Kevin used his left hand to hold the pencil, right hand attempted to hold the paper.

B. . He used both hands to stack blocks into a tower..

C. Grasp: Kevin used an mature grasp on the pencil with his thumb and first two fingers.

He is able to utilize good solid grasp strategies when manipulating objects such as pegs or blocks.

D. Visual: Kevin visually attended what he was writing or manipulating.

E. Visual Motor: Kevin made horizontal marks on the paper. He attempted to color in a circle. He was able to place 3 pegs in and out of a pegboard and place 3 shapes in a shape board. He stacked 10 blocks. He was unable to trace a horizontal or vertical line, or copy shapes. He was unable to fold paper, or use scissors except to snip.

**VI. Sensory:**

A. Auditory: Kevin is unable to ignore extraneous auditory stimulus. He places his fingers in his ears to attempt to control noise level. Therapeutic listening was attempted. He seemed to really enjoy the music that was played into the headphones. It took several attempts to remove the headphones before he allowed it. He certainly wanted to keep the headphones on and continue to listen to the music.

B. Balance: This area was not directly assessed.

C. Vestibular: This area was not directly assessed.

D. Proprioception: (proprioception: innate knowledge of where body is in space)

Kevin's knowledge of where he is in space and what his body is doing seems to be diminished, possibly due to his generalized low tone. It is believed that all the extraneous movement and tapping is proprioceptive in nature.



**E. Tactile:** Kevin demonstrated tactile defensiveness. He hesitantly touched things presented and would rub his body where it was touched.

**F. Vision:** Kevin was not able to smoothly visually track or visually converge. He would hold onto the stimulus for a very short time then lose it/look away.

**VII. Self Help :** This area was not assessed at this time.

**VIII. Social:** Raimele was very friendly and attempted everything asked of him to the best of his ability.

#### **Recommendations:**

1. Direct Occupational Therapy, also utilize consultation and training of teacher
2. Frequency: OT treatment 30 minutes twice a month focusing on the following
  - a) Increase fine motor, visual motor and bilateral motor skills and hand function so he can perform age appropriate fine motor skills needed in the classroom.
  - b) Increase sensory processing, deep pressure, visual distractibility, vestibular and auditory sensitivity that interrupt and block his ability to acquire skills needed to access his education.

**Peabody Developmental Motor Scales, 2nd Edition (PDMS-2)**  
05/09/2018

Subtest / Composite	Descriptive Classification	Assessment Provider Name
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#### **Additional Assessments**

**The Gilliam Autism Rating Scale-Third Edition (GARS-3)** is a norm-referenced screening instrument used to identify persons who have autism spectrum disorders. Its content is based on the definitions of autism from the Psychiatric Association (2012) and the Autism Society (2012). Kevin obtained an Autism Index score of 116 (86th percentile), within the Very Likely Probability of ASD range, Requiring Very Substantial Support-Level 3.

#### **SYNTHESIZED SUMMARY AND CONCLUSIONS**

Kevin is a 5 year 6 month old African American male who was referred for a reevaluation to determine continued eligibility of special education services under a different category. Currently, he receives special education services for Developmental Delay and Language Impairment.

Kevin was diagnosed with Autism Spectrum Disorder by Dr. Elizabeth Magno on 12/06/2017.

Kevin's adaptive skills are within the Below Average to Extremely Low range, as measured by the ABAS-3 and DAYC-2. In addition, he exhibits multiple symptoms of Autism Spectrum Disorder-as measured by the GARS-3.

Autism Spectrum Disorder is defined by Article 7 of Indiana State Board of Education Article 7 (511 IAC 7-41-1) as a lifelong developmental disability that includes Autistic Disorder, Aspergers' syndrome, and other pervasive developmental disorders, as described in the current version of the American Psychiatric Association's Diagnostic Statistical Manual of Mental Disorders. The disability is generally evident before three years of age and significantly affects verbal, non-verbal, or pragmatic communication and social interaction skills and results in an adverse effect on the student's educational performance. Kevin's assessment data and outside diagnosis of Autism Spectrum Disorder fulfills this eligibility for Autism Spectrum Disorder(**Severity Level 3-Requiring Very Substantial Support**). Eligibility for special education as a student with Autism Spectrum Disorder disability shall be determined by the multidisciplinary team.

Kevin no longer fulfills the eligibility criteria for Developmental Delay.

A language assessment was completed to assess Kevin receptive and expressive language skills. Formal testing revealed vocabulary skills to be at least 3 standard deviations below the mean score as compared to children his age. Observations and record review revealed limited functional communication skills. Kevin is improving academically with strategies used in the classroom. He is beginning to verbalize word approximations when repeating and to spontaneously name pictures.

According to Sec. 8. (a) A language or speech impairment is characterized by one (1) of the following impairments that adversely affects the student's educational performance: (1) Language impairments in the comprehension or expression of spoken or written language resulting from organic or nonorganic causes that are nonmaturational in nature. Language impairments affect the student's primary language systems, in one (1) or more of the following components: (A) Word retrieval. (B) Phonology. (C) Morphology. (D) Syntax. (E) Semantics. (F) Pragmatics. (2) Speech impairments that may include fluency, articulation, and voice disorders in the student's speaking behavior in more than one (1) speaking task that are nonmaturational in nature, including impairments that are the result of a deficiency of structure and function of the oral peripheral mechanism. Therefore, based on formal assessment, observations, and record review, Kevin meets the guidelines set by Article 7 as a student with a Language Impairment.

#### **MULTIDISCIPLINARY TEAM MEMBERS**

<b>Role</b>	<b>Name</b>	<b>License Number</b>
Licensed Teacher/Specialist	Carol Underwood	
School Psychologist	Ericka Wills-Cox	
Speech-Language Pathologist (SLP)	Susan Crabtree-Timmons	
Qualified Professional (from different discipline)	Brenda Grey	

#### **ADDITIONAL MULTIDISCIPLINARY TEAM MEMBERS**

<b>Role</b>	<b>Team Member</b>	<b>License Number</b>
Occupational Therapist	Deborah Surface	